

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9/315247 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1					
4	1					
5	1					
6	1					
7						
8		1				
9	1					
10	1					
11	1					
12	1					
13	12	12	12			
14	12		1			
15	1		1			
16	1	1				
17	Canc'd					
18	1					
19		1				
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	3		3			
28	Canc'd					
29	1		1			
30	Canc'd					
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TOTAL IND.	2		2			
TOTAL DEP.	49	49	30	30		
TOTAL CLAIMS	51					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY